NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N98000004701

THE CANOPY CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business 905 BLUEBERRY DR. WELLINGTON FL 33414

2. Principal Place of Business

Mailing Address

2a. Mailing Address

906 BLIJEBERRY DR. WELLINGTON FL 33414

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90176 021 ****61.25

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3. Date incorporated or Qualifed

08/09/1998

State Stat	13453	Doublett	ree Trail	26	506 Map	lewood	Dr.		08/09/1998			
Company Country Coun	Suite, Apt.	#, etc.		1	Suite, Apt. #,	etc.			4. FEI Number		 	
Wellington, FL 29 West Palm Beach, FL Scallosted Status Desired Fee Required Fee Required 20 West Palm Beach, FL St. Country St. Country 20 Country 20 Country St. Count	22	حر -		27			<u></u> _		65-08551	<u>1,9</u>		
23 Mel Lington, FL 29 Mess Falls Security 20 Country 20 Count	City & State				<u> </u>				5. Certificate of Status Des	ired 🔲		
S. Name and Address of Current Registered Agent S. Name and Address of Hew Registered Agent O'NEAL, KIMBERLY I 508 MAPLEWOOD DR. WEST PALM BEACH FL 33415 11. Pursuer to the provisors of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I harely accept the epiphement as registered agent, are familiar with, and accept the obligations of Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, are familiar with, and accept the obligations of Section 617,0503, Florida Statutes, the above-named corporation submits the statement for the purpose of changing its registered agent, are familiar with, and accept the obligations of Section 617,0503, Florida Statutes, the above-named corporation submits the statement for the purpose of changing its registered agent	23 Welli	ngton, F		28		lm Beac				· .		
8. Name and Address of Current Registered Agent O'NEAL, KINBERLY T 506 MAPLEWOOD DR. WEST PALM BEACH PL 33415 10. Name 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 617,0502 and 617,1509, Florica Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, not accept the obligations of, Section 617,0502 and 617,1509, Florica Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, not accept the obligations of, Section 617,0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, not accept the obligations of, Section 617,0502, Florida Statutes. SIGNATURE Signature, typed or printed search of projectors. (IntoTe Registered Agent systems registered agent.) I am familiar with, not accept the obligations of, Section 617,0502, Florida Statutes. SIGNATURE Signature, typed or printed search of projectors. (IntoTe Registered Agent systems registered across 12 name				Ь.	•					- 11		
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SOB MAPLEWOOD DR. WEST PALM BEACH FL 33415 Add City		s. Name sn	d Address of C	итепт кеди	ttered Agent		81	Name	14. 1401/10 0110 1-00-000		·	
SOB MAPLEWOOD DR. WEST PALM BEACH FL 33415 Add City												
WEST PALM BEACH F1. 33415 83	- · · · · · · · · · · · · · · ·							Street Add	ress (P.O. Box Number is Not /	(ccébrapie)	•	.
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CRY-ST-ZP 14. The properties standard with this filtre does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes, I further certify that the information	CITY-ST-ZIP	<u> </u>	* * * * * * * * * * * * * * * * * * * *	_ J Sta. 461- 4	tille e de e e e - 4	musify for the			Santina 119 (17/3\/ii) Florida Ste	hites I further or	artify that the in	formation

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(I), Fixther Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANSICHATURE REQUIRE Harrell

4/28/99 . (561) 798-4339